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VIRGINIA DEPARTMENT OF CORRECTIONS



Emergency Grievance Emergency Grievances are provided for offender reporting and expedited staff respons a substantial risk of imminent sexual abuse and to situations or conditions which ma serious personal injury or irreparable harm. Offender Last Name Fa OFFENDER CLAI What is the emergency? sis My Subseque Date/Time PART B- STAFF RESPONSI (This part is to be completed and returned to the offender w Your grievance does not meet the definition for an emergency. Action Ta Submit Informal Complaint Evaluated by Medical: Date Seen Submit Sick Call Request Send an Offender Request To: Submit Request to Dental Other (Provide detailed explanation Your grievance has been determined to be an emergency and the following Sent to Hospital: Date Transported Othe ndem Signature PREA - Alleged incident of sexual abuse or sexual harassment; Shift Co Administrative Duty Officer, and facility PREA Compliance Manager not Alleged sexual abuse or sexual harassment Will be referred for Investiga Determination by:

Filed on 04/23/18

EXHIBIT 3